## DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNITC-1-PB-17-000486

STATE OF TEXAS		TIFICATE OF DEAT	Н 5	STATE FILE NUM	MBER 142	-10-1000	36
1. LEGAL NAME OF DECEASED (In	clude AKA's, if any) (First, M	iddle (Last)		(Maiden)	(mm-dd-yyyy)	ACTUAL OR PRESI	JMED
JUAN ANGEL FLORES	d-yyyy) ]	5. AGE-Lest Exthdey	IF UNDER 1 YA	DE UNDER 1 DAY	B. BIRTHPLACE (6	MBER 18, 2016 By & State or Foreign Cou	ntry)
MALE		(Years) 71	Mo Days	Hours Min	EL PASO, TX		
SOCIAL SECURITY	a contract	TATUS AT TIME OF DEATH	Married	9. SURVIVING SPOUSE	S NAME (If wife, give r	name prior to first marriage	
IOB. RESIDENCE STREET ADDRES		Divorced Never Marr	ied L. Unknown	T106, APT, NO. 110	c. CITY OR TOWN		Z z inflam
	as .		67 10				Filed: 3/8/2017 11:36:5
2305 VENTUR	10e. STATE			B A	USTIN 10g. INSIDE CITY	LIMITS?	Dana DeBeauvoir Travis County Clerk
TRAVIS	TEXAS			78741	✓ Yes	□ No	C-1-PB-17-000486
1. FATHERS NAME PRIOR TO FIF		12. MOT		A TO FIRST MARRIAGE			Gloria Cantu
JUAN NAVARRO FLORES	5 034 15	ANGE	LA MACIAS	res of	A	Was Little	AT DAY A
DEATH OCCURRED IN A HOSPIT	TAL:   IF DEA	13. PLACE OF DEA TH OCCURRED SOMEWHERE (	ATH (CHECK ONLY				
Inpatient ER/Outpetient		spice Facility Nursing Hom				7	A ALL LA
4. COUNTY OF DEATH	15. CITY/TOWN, 4	OF OUTSIDE CITY LIMITS,	GIVE PRECINCT N	O) 18. FACILITY NAME: (II	not institution, give sare	et address)	
TRAVIS	AUSTIN, 787	45		ST DAVID'S HO	SPITAL - SOUTH	AUSTIN	
7. INFORMANT'S NAME & RELATI	DNSHIP TO DECEASED	IB. MAILING A	DONESS OF INFO	AMANT (Street and Number,	City:State,Zip Code;	A LE	
PATRICIA CARVALHO - SI	STER	4301 THO	MASON AVE.	ELPASO, TX 79904	S BEBEAU		
Burial Cremation	Donation	ACTING AS SUCH	CENSE HUMBER	PUNERAL DIRECTOR OF	PERSON 21	☑ Unkno	WTD
	Removal from state	WHITNEY ROBBI	NS BY ELECT	RONIC SIGNATURE	Section		
Other (Specify)	- ( - ( )	117200			Block		
2. PLACE OF DISPOSITION (Name	of cemetery, crematory, om	er place) 23. LOC	ATION (City/Town,	and State)	Lot	The state of	
RONTIER CREMATION L	LC	AUST 25. CO	IN, TX	OF FUNERAL FACILITY (SE	Space reet and Number, City,	State, Zio Code)	
ARRELL FUNERAL HOMI CERTIFIER (Check only one)			FRONTIER IN	AIL, AUSTIN, TX 787	45		
Certifying physician-To the best of my	knowledge, death occurred due	to the councie) and measure stated					
		and/or investigation, in my opinion, di	eath occurred at the tin	ne.date and piece, and due to th	e cause(s) and manner sta	ated.	of the second
7.SIGNATURE OF CERTIFIER	e - On the basis of examination,	and/or investigation, in my opinion, d 28. DAT	eath occurred at the time E CERTIFIED (mm-	ne,date and place, and due to the	e cause(s) and manner sta UMBER 30, TIME C	ated. IF DEATH(Actual or presur	ned)
7. SIGNATURE OF CERTIFIER 1. KEITH PINCKARD, MD, I BIGNATURE	e - On the basis of examination, PHD , BY ELECTROP	and/or investigation, in my opinion, of 28. DAT	eath occurred at the tire E CERTIFIED (mm-	dd-yyyy) T29. LICENSE N	UMBER 30, TIME C	F DEATH(Actual or presur 08:48 AM	ned)
7.SIGNATURE OF CERTIFIER  I. KEITH PINCKARD, MD, I SIGNATURE  1. PRINTED NAME, ADDRESS OF	e On the basis of examination, PHD, BY ELECTRON CERTIFIER (Street and Num	and/or investigation, in my opinion, of 28. DAT NIG DE	E CERTIFIED (mm-	dd-yyyy) T29. LICENSE N	UMBER 30. TIME C	O8:48 AM  E OF CERTIFIER	ned)
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7. SIGNATURE OF CERTIFIER  I. KEITH PINCKARD, MD, I. SIGNATURE  1. PRINTED NAME, ADDRESS OF  I. KEITH PINCKARD, MD, I. 33. PART 1. ENTER THE CHAIT  TERMINAL EVENTS SUCH A  ETIOLOGY DO NOT ABBREVA  IMMEDIATE CAUSE (Final  disease or condition— resulting in death)  Sequentially list conditions, if any, leading to the cause sisted on line a. Enter the condition of the cause is stand on line a. Enter the condition of the cause is stand on line a. Enter the condition of the cause is stand on line a. Enter the condition of the cause is stand on the a. Enter the condition of the cause is stand on the a. Enter the condition of the cause is stand on the a. Enter the condition of the cause is stand on the a. Enter the condition of the cause is stand on the a. Enter the condition of the cause is stand on the cause	e-On the basis of examination, PHD , BY ELECTRON CERTIFIER (Street and Num PHD 1213 SABINE S NOF EVENTS - DISEASES CARDIAC ARREST, RESPIRATE ENTER ONLY ONE CA  a. ATHEROSCLER b. c. d. CANTICONDITIONS CONTI	ANTRIBUTE SB. IF FEMALE:  NIC DE ST., AUSTIN, TX 78701  ROTIC CARDIOVASCUL  Due to (or a Due to	CEMBER 28, 2  VS - THAT DIRECTI  ULAR FIBRILLATIC  AR DISEASE  S a consequence of  S a consequence of  OT RESULTING IN  within past year  me of death  but pregnarid within.	DOTE LIGHTS NOT COME THE DEATH. IN WITHOUT SHOWING THE UNDERLYING STATE OF COME THE UNDERLYING STATE OF	JUMBER 30. TIME C  32. TITL  CHIE  DO NOT ENTER  IE  30. IF TRANSP  SPECIFY  Driver/Opt  Passenge	O8:48 AM E OF CERTIFIER  F M.E.  Approximate interval Onset to death  YEARS  PERFORMED?  NO INGS AVAILABLE TO CO DEATH?  ORTATION INJURY.	
7. SIGNATURE OF CERTIFIER  I. KEITH PINCKARD, MD, I. SIGNATURE  1. PRINTED NAME, ADDRESS OF  I. KEITH PINCKARD, MD, I. 33. PART 1. ENTER THE CHAIL  TERMINAL EVENTS SUCH SALE  I. MANMEDATE CAUSE (Final  I. MANMER OF DEATH  ANGUER STANDARD SALE  SALE  ART 2. ENTER OTHER  AUSE GIVEN IN PART 1.  SALE  MANNER OF DEATH  Natural  Accident  Sulcide  Homicide  Pending Investigation	e-On the basis of examination, PHD , BY ELECTRON CERTIFIER (Street and Num PHD 1213 SABINE S NOF EVENTS - DISEASES CARDIAC ARREST, RESPIRATE ENTER ONLY ONE CA  a. ATHEROSCLEF b.  c. d. CANT CONDITIONS CONTI	ANTRIBUTE   38 IF FEMALE.	CEMBER 28, 2  VS - THAT DIRECTI  ULAR FIBRILLATIC  AR DISEASE  S a consequence of  S a consequence of  OT RESULTING IN  within past year  me of death  but pregnarid within.	33- JUNE NO. 1016 LIGSTS NO. 1016 LIGSTS  LIGSTS THE DEATH.  DIN WITHOUT SHOWING THE UNDERLYING  THE UNDERLYING  30  GAZ days of death Is to one year before death	JUMBER 30. TIME C  32. TITL  CHIE  DO NOT ENTER  IE  30. IF TRANSP  SPECIFY  Driver/Opt  Passenge	O8:48 AM  E OF CERTIFIER  F M.E.  Approximate interval Onset to death  YEARS  PERFORMED?  NOINGS AVAILABLE TO OF DEATH! Yes ORTATION INJURY.	
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VICTOR A. FARINELLI ACTING STATE REGISTRAR